

Employment and Day Services Protocol Checklist

Person's Name _____
(Last, First)

Date of Birth _____

Reviewer's Name _____
(Last, First)

Appeals Submission Date _____

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code and service code used in Section C of the ISP?</p> <p>If YES, continue to Question #1 in Section A or B as applicable.</p> <p>If NO and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A or B as applicable.</p> <p>If NO based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the applicable Waiver and in the TennCare rules applicable to the waivers.</p>
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A. Initial Employment and Day Services

<p>1.</p> <p>a. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions:</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and supporting documentation to show that the person has functional limitations involving self-care, sensory/motor development, socialization, daily living skills, communication, community living, employment or social skills that are needed to acquire and successfully maintain paid employment, become more independent, integrated and productive in the community, or to build relationships and natural supports; AND</p> <p>b. Is there sufficient information in the ISP and supporting documentation to justify that the person needs individualized services and supports to enable the person to:</p> <p>(1) Acquire and successfully maintain paid employment; OR</p> <p>(2) Become more independent, integrated and productive in the community, or to build relationships and natural supports with <i>specific</i> therapeutic goals and objectives; AND</p>
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8. ☐ YES ☐ NO

If **NO, approve** that portion of the total amount of In-Home Day Services requested that is consistent with the amount of In-Home Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.

	Deny as not medically necessary that portion of the total amount of In-Home Day Services requested that is in excess of the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Reviewer signature and date	

B. Continuation of Employment and Day Services

<p>1.</p> <p>a. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions:</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and supporting documentation to show that the person continues to have functional limitations involving self-care, sensory/motor development, socialization, daily living skills, communication, community living, employment or social skills that are needed to acquire and successfully maintain paid employment, become more independent, integrated and productive in the community, or to build relationships and natural supports; AND</p> <p>b. Is there sufficient information in the ISP and supporting documentation to justify <i>continues</i> to need individualized services and supports to enable the person to:</p> <p>(1) Acquire and successfully maintain paid employment; OR</p> <p>(2) Become more independent, integrated and productive in the community, or to build relationships and natural supports with <i>specific</i> therapeutic goals and objectives; AND</p> <p>c. Is the type of Employment and Day Services requested appropriate based on the person's needs, therapeutic goals and objectives; AND</p> <p>d. Can the person be safely supported in the Employment and Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property; AND</p> <p>e. Is the type of Employment and Day Services requested the least costly alternative that is adequate to meet the needs of the person?</p> <p>If YES to "1.a." through "1.e.", proceed to Question #2.</p>
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	of services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Reviewer signature and date	